PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

as for hc

INSTRUCTIONS: This appropriate. All further indicated unless corrects maintenance fee notifica	correspondence includia ed below or directed off	for transmitting the ISS ing the Patent, advance of nerwise in Block 1, by (UE FEE and PUBLICATI orders and notification of r (a) specifying a new corres	ON FEE (if requi naintenance fees w pondence address;	red). Blocks 1 through 5 ill be mailed to the curren and/or (b) indicating a sep	should be completed where t correspondence address as sarate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of inderess)				Note: A certificate of mailing can only be used for domestic mailings of the Fex(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
53054 7590 PEARNE & GORDON LLP 1801 EAST 9TH STREET SUITE 1200 CLEVELAND, OH 44114-3108				Certificate of Mailing or Transmission I hereby certify that fixed: Transmital is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE "Psiz address above, or being facsimile transmitted to the USPTO (5/1) 273-2883, on the date indicated beds indicated below.			
					,	(Depositor's name)	
			<u> </u>			(Signature)	
			<u>L</u>			(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/593,385 09/18/2006			Tetsuo Korenaga		41176 8879		
TITLE OF INVENTION	: PLASMA TREATME	NT APPARATUS					
APPLN. TYPE	SMALL ENTITY	ISSUE PEE DUE	PUBLICATION 14E DUE	PREV. PAID ISSUE	FFEE TOTAL FEE(S) DUI	DATE DUE	
nonprovisional	NO	\$1510	\$300	50	\$1810	09/27/2011	
EXAMINER		ART UNIT	CLASS-SUBCLASS	1			
MOORE, KARLA A		1716	156-345310				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). CER 1.363. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. —"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered attorney or a	2. Exe pristing on the patent from page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agen) and the names of up to select anomy or agen) anomy or agen) and the names of up to select anomy or agen) anomy or agen) and the names of up to select anomy or agen) anomy or agen) and the names of up to select anomy or agen) anomy or agen) anomy or agen) and the names of up to select anomy or agen) anomy or agen) anomy or agen) and the names of up to select anomy or agen) and the names of up to the name of up to the n			
PLEASE NOTE: Unl recordation as set fort (A) NAME OF ASSIG	ess an assignee is ident h in 37 CFR 3.11. Comp	ified below, no assignee detion of this form is NO	THE PATENT (print or typ data will appear on the pa of a substitute for filing an (B) RESIDENCE: (CITY OSAKA,	atent. If an assigner assignment. and STATE OR O		locument has been filed for	
Please check the appropri	iate assignee category or	categories (will not be p	rinted on the patent):	Individual 🚨 Co	rporation or other private gr	oup entity Government	
Advance Order - #	o small entity discount p	ermitted)	Deyment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check it enclosed. ☐ Payment by realized Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required (see(s), any defliciency, or credit any overpoyment, to Depoid Account Manhets				
5. Change in Entity Stat	tus (from status indicated s SMALL ENTITY statu		Dr. 4	l-ii CAFAT	I ENTETTY 0 27.0	TID 1 257-1/21	
			d from anyone other than the	ne applicant; a regis	L ENTITY status. See 37 C tered attorney or agent; or t	he assignee or other party in	
NOTE: The Issue Fee and Publication [regift regulard) will not be accepted from anyone, where then the applicant; a registered attorney or agent; or the assignee or other party interest as shown by the records of the United States Patent and Yadermark Office. Authorized Signature Date 812							
Typed or printed name	7 /	1/ /		Registration N			
This collection of informan application. Confident submitting the completed this form and/or suggesti-Box 1450, Alexandria, V. Alexandria, Virginia 223.	ation is required by 37 C iality is governed by 35 application form to the ons for reducing this bur irginia 22313-1450. DO 13-1450.	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to th NOT SEND FEES OR (on is required to obtain or n 1.14. This collection is esti- depending upon the indiv- se Chief Information Office COMPLETED FORMS TO	etain a benefit by the mated to take 12 m idual case. Any cor r, U.S. Patent and T THIS ADDRESS.	e public which is to file (an sinutes to complete, includi nments on the amount of ti rademark Office, U.S. Dep SEND TO: Commissioner	d by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 02/11) Approved for use through 08/31/2013.